TED 4	1998 IA 1040 Iowa Individual Income Tax Long Form or fiscal year beginning _/_ 1998 and ending _/_ /_ Check if first-time Iowa filer.						FOR OFFICE USE ONLY					
DIEP 1:	Place	e your label b	pelow or fill in the blanks									
ast name			Your first name/middle initial	Social Securi	ty Number •	-						
١.												
pouse's last	name		Spouse's first name/middle initial	Social Securi	ty Number •	Are your name,	Your Occupation	•				
3.						your spouse's	·					
urrent mailir	ng addr	ess (number and str	reet, apartment, lot or suite number) or	PO Box		name, if applicable,	Chausala Ossunatia					
itu Ctata 71	ID.					and your address	Spouse's Occupation	on •				
ity, State, ZI	IP					the same as on last year's return?	Residence	on 12/31/98				
						_	County No.	Sch.Dist.No.				
STEP 2 F	Filing	g Status: Mar	k one box only.			☐ YES ☐ NO						
Single:	: Were	you claimed as a de	ependent on another person's lowa re	turn? YES] NO ▲		School D	istrict Name				
++	d filing	a joint return.										
Marrie	d filing	separately on this	combined return. Spouse use column	В.								
		separate returns. S	•		SSN:		▲ Income: \$					
			g person. If qualifying person is not cla	aimed as a depender		iter the person's name an	d Social Security Nur	mber here.				
	ing wic	dow(er) with depend	I		SSN:							
TEP 3		YOU	a. Personal Credit: Enter 1 or En	ter 2 if filing joint o	r head of househ	old		= \$				
emption	ons	(and spouse IF filing jointly)	b. Enter 1 for each spouse who is 6			= \$						
		9 jointry)		for each dependent								
			d. Enter first names of dependent	s here:			e. TOTAL \$ _					
			a. Personal Credit: Enter 1				x \$40 =	= \$				
		SPOUSE (IF filing	b. Enter 1 if 65 or older and/or 1 if					= \$				
		status 3)	c. Dependents: Enter 1 for each of					= \$				
			d. Enter first names of dependents	s here:			e.TOTAL \$ _					
				B. Spous	se/Status 3	A. You or Joint B. S	oouse/Status 3	A. You or Joint				
TEP 4		-	, etc			.00						
_			me. If more than \$400, complete Sche			.00						
igure			ome. If more than \$400, complete Scheo			.00						
our ross		•				.00						
ncome		•	ss) from Federal Schedule C or C-EZ.			.00						
		,	om Federal Schedule D. See page 6			.00						
;		- : :	from Federal form 4797. See page 6			.00						
			ions			.00						
5		•	d annuities. See page 6			.00						
			nerships, estates, etc. See page 7			.00						
•			rom Federal Schedule F			.00						
:			ensation			.00						
=			rity benefits. See page 7			.00						
2			age 8			.00	00 4	0				
4			DD lines 1-14				.00 🛦	.0.				
ע			KEOGH or SEP			.00						
ų.			oyment taxduction. See page 8			.00						
V0115			drawal of savings									
adjust-			urawai di Saviriys									
memo			ncome exclusion. See page 9									
			uction from Federal form 3903 or 3903									
		- :	duction. See page 9.									
			ee page 10									
			DD lines 16-24				.00 🛦	.0				
		•	TRACT line 25 from line 15. See page					.0				
			efund received in 1998									
167 0	28. Se	elf-employment/hou	usehold employment taxes	28	.00 🛦	.00						
igure	29. Ad	ddition for Federal t	axes. ADD lines 27 and 28			29	00	.0.				
our			nd 29				00	.0.				
1												
	32 Fe	ederal estimated tax	x payments made in 1998	32	00 🛕 _							
ax ddition												
ax ddition	33. Ad		x paid in 1998 for 1997 and prior years									
ax ddition nd leduction	33. Ad	eduction for Federa	x paid in 1998 for 1997 and prior years al taxes. ADD lines 31, 32, and 33 ACT line 34 from line 30. Enter here an			34		.0. 				

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			B. Spous	e/Status 3 A. You or Joint	В.:	Spouse/Status 3	A. You or	Joint
STEP 7	36.	BALANCE. From side 1, line 35.				•		.00
		37. Total itemized deductions from Federal Schedule A	A 37	00	.0	0		
Figure		38. Iowa income tax if included in line 37	38	.00	.0.		ete lines 3	37-
your taxable		39. BALANCE. SUBTRACT line 38 from line 37	39	.00	.0.	·	LY if you	
income		40. Other deductions. See page 13	40	.00	.0		•	
IIICOIIIE	41.	Deduction. Check one box.					.00 🛦	.00
	42.	TAXABLE INCOME. SUBTRACT line 41 from line 36			42		.00	.00
STEP 8	43.	Tax (tables begin on page 22) or alternate tax (see page 14)	43	.00 🛦	.0	0		
0.2.	44.	Iowa lump-sum tax. 25% of Federal tax from form 4972	44	.00 🛦	.0.	0		
Figure	45.	Iowa minimum tax. Attach IA 6251. See page 15	45	.00 🛦	.0	0		
your	46.	Total tax. ADD lines 43, 44 and 45.			46		.00	.00
tax , credits	47.	Total exemption credit amount(s) from Step 3, side 1	47	00	.0.	0		
and	48.	lowa earned income credit: 6.5% of Federal credit	48	.00 🛦	.0	0		
checkoff	49.	Tuition and textbook credit	49	00 🛦	.0.	0		
		Total credits. ADD lines 47, 48 and 49.						
tions		BALANCE. SUBTRACT line 50 from line 46. If less than zero, er						
		Credit for nonresidents or part-year resident. See page 15. Attac						
		BALANCE. SUBTRACT line 52 from 51						
		Other lowa credits. See page 15						
		BALANCE. SUBTRACT line 54 from line 53.						
		School district surtax/EMS surtax. See page 16. Tables begin or			_			
		Total Tax. ADD lines 55 and 56.						
		Total tax before contributions. ADD Columns A & B on line 57 ar					58	.00
	59.	Contributions. See page 16. Contributions will reduce your refund						
		Fish/Wildlife 59a: ▲ State Fair 59b: ▲	_ Domestic	c Abuse 59c: 🛕	ADD Enter	total	59	.00
	_	TOTAL TAX AND CONTRIBUTIONS. ADD lines 58 and 59					60	.00
STEP 9		Iowa income tax withheld from Box 18 of your W-2(s)						
		Estimate and voucher payments made for tax year 1998						
Figure		Out-of-state tax credit. Attach IA 130.						
your credits		Motor vehicle fuel tax credit. Attach IA 4136.						
o. ou		Child and dependent care credit. See page 17.						
		Other refundable credits. See page 17.						
		TOTAL. ADD lines 61-66.						
		TOTAL CREDITS. ADD columns A and B on line 67 and enter h						
STEP 10		If line 68 is more than line 60, SUBTRACT line 60 from line 68. T		•				
Eiguro		Amount of line 69 to be REFUNDED to you.					70. A	00
Figure your		Amount of line 69 to be applied to your 1999 estimated tax If line 68 is less than line 60, SUBTRACT line 68 from line 60. TI			.0.		72 🛦	00
refund			x 2210F					
or		Penalty and interest. See page 18 74a. Penalty.						
amount		TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here						
you owe		Make check payable to TREASURER, STATE OF IOWA. Attac				711107111100111	70. –	
STEP 11	_	make disek pajable to The Acontent, Chile of Town Think	-					
		CKOFF. See page 18. This checkoff does not increase the	STEP 1			TEP 13		
amount of ta	x yo	u owe or decrease your refund.	NEXTYEAR, I would like to receive:			COW-CALF REFUND Attach IA 132.		
# 4.50.	_	SPOUSE A YOURSELF	(check one)			Do NOT use these amounts to increase your refund (line 69) or reduce the amount you owe		
		bublican Party\$1.50 to Republican Party	0. a booklet with preprinted label 2. a postcard with a preprinted label only			(line 72). See page 18.		
\$1.50 to	Ref	orm Party \$1.50 to Reform Party						
\$1.50 to Democratic Party \$1.50 to Democratic Party			(not available to electronic filers)					
\$1.50 to	Car	npaign Fund \$1.50 to Campaign Fund	1. ne	either a booklet nor a label		You: \$		00
STEP 14								
PLEA	SE	I (We), the undersigned, declare under penalty of and statements, and, to the best of my (our) know (other than taxpayer) is based on all information of	wledge and	belief, it is a true, correct	t, and co	_		-
				-	-			
SIGN HER		Your Signature	Date	Preparer's Signature				Date
SIGN H		Spouse's Signature	Date	Address Daytime Telephone Number				
Verify your S Security Nu Recheck your	ımbeı ur ma	Daytime Telephone Number MALL TO JOWA INCOME TAX PROCESS				mployer Identificati	on or Social S	Security Number
Attach all W	-2s	DEFARTMENT OF REVENUE HOOVER STATE OFFICE BUIL DES MOINES IA 50319-0120		41-001b (10/98)				